

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: PLEASANT VILLA (0010755)

Address: 2010 CREST ROAD, BELOIT, WI 53511

License Status: REGULAR

Licensed/Certified/Registered 06/01/2005

Regional Office: SOUTHERN REGION (MADISON), (608) 243-2370

Survey History

Survey ID: 0095816 **End Date:** 09/22/2005 **Type:** STANDARD **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10008288 Served 11/18/2005

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS		
83.11(3)(a)	RESPONSIBILITIES		
83.15(1)(c)1	ADEQUATE STAFFING		
83.16(1)	ADMISSIONS AGREEMENT		
83.16(4)(a)	ABILITY TO PAY		
83.32(1)(a)	ASSESSMENT AND ISP		
83.32(3)	SIGNING ASSESSMENT AND ISP		
83.33(3)(b)2.b	MEDICATION STORED IN ORIGINAL CONTAINER		
83.41(10)(a)	BUILDING MAINTENANCE		

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Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Survey ID: 0095199 End Date: 06/06/2005 Type: STANDARD Purpose: SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10008231 Served 07/15/2005

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(bb)	DETERMINE FINAL DISPOSITION OF CHARGE	09/23/2005	Yes
83.11(3)(a)	RESPONSIBILITIES		
83.13(4)(a)	COMMUNICABLE DISEASE CONTROL		
83.14(1)(a)	CLIENT RELATED TRAINING		
83.14(1)(b)	NEED ASSESSMENT AND ISP		
83.14(1)(c)	UNIVERSAL PRECAUTIONS		
83.14(1)(d)	FIRE SAFETY, FIRST AID & CHOKING		
83.14(8)	DOCUMENTATION		
83.15(1)(c)1	ADEQUATE STAFFING		
83.16(1)	ADMISSIONS AGREEMENT		
83.16(4)(a)	ABILITY TO PAY		
83.32(2)(a)	INDIVIDUALIZED SERVICE PLAN-SCOPE		
83.32(3)	SIGNING ASSESSMENT AND ISP		
83.33(2)(g)3	CBRF ARRANGE HEALTH VISITS AND DOCUMENT		
83.33(2)(h)1	MEDICAL SERVICES		
83.42(2)(a)	EVALUATION RESIDENT EVACUATION LIMITS		
83.42(3)(e)	QUARTERLY FIRE DRILLS		
83.42(3)(f)	SLEEPING HOURS EVACUATION DRILL		
83.43(3)(a)	SMOKE DETECTION SYSTEM & HEAT DETECTORS		
83.44(1)(a)	NO MORE THAN 4 CLASS C		

Survey ID: 0094784 End Date: 04/01/2005 Type: OTHER Purpose: DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10008180 Served 04/21/2005

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(6)(b)	CREDENTIALLED CAREGIVERS		

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DEPARTMENT OF HEALTH AND FAMILY SERVICES
Division of Disability and Elder Services
Printed 07/28/2006

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Survey ID: 0093678 **End Date:** 11/17/2004 **Type:** INITIAL **Purpose:** SURVEY

Results: PROBATIONARY LICENSE ISSUED

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For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Enforcement History

Date: 11/01/2005 **SOD #10008288** **Appealed: Yes** **Decision: DISMISSED**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
REVOKE LICENSE
FORFEITURE---83.15(1)(c)1
FORFEITURE---83.16(1)
FORFEITURE---83.16(4)(a)
FORFEITURE---83.32(3)

Date: 07/12/2005 **SOD #10008231** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
REVOKE LICENSE
NO NEW ADMISSIONS
FORFEITURE---83.11(3)(a)
FORFEITURE---83.13(4)(a)
FORFEITURE---83.14(1)(a)
FORFEITURE---83.14(1)(c)
FORFEITURE---83.14(1)(d)
FORFEITURE---83.14(8)
FORFEITURE---83.15(1)(c)1
FORFEITURE---83.16(1)
FORFEITURE---83.32(2)(a)
FORFEITURE---83.33(2)(g)3
FORFEITURE---83.33(2)(h)(1)
FORFEITURE---83.44(1)(a)

Date: 04/01/2005 **SOD #10008180** **Appealed: No**

Sanctions

COMPLY WITH REQUIREMENT

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